# KANSAS MEDICAL JOURNAL.

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## ORIGINAL ARTICLES.

### A Note on the Artificial Drumhead and Blake's Paper Patch.

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The common lay opinion (too often supported by medical men who ought to know better) that "a hole in the drum" is fatal, or a great injury to the hearing, is curiously mingled with exorbitant ideas as to the value of an artificial drumhead, The latter is, of course, due to conscienceless claims of the makers and "inventors" of a host of patent appliances in which some useless and generally long-exploded device is lauded as era-making, and able to give hearing to the totally deaf if not to the dead. Deprecating medical intervention under the plea that patients can place such aids in position better than anyone can do it for them, they hold out promises of miraculous cures, and cite much-attested examples of their efficacy. Many samples of these wonderful appliances come into our hands because thrown away by the disillusioned owner, or demanding medical skill to remove them from ears in which they should never have been inserted; but conscientious testing of their possibilities rarely show them to be even as efficacious as Yearsley's original cotton-pellet. Even some medical writings overstate and mislead as to the powers of these aids; so brief discussion of the topic may clear up some misapprehensions.

It was in 1841 that a New York patient of Yearsley, of London, showed him how he was in the habit of greatly improving his defective hearing by pushing a moistened roll of paper down into contact with the remains of his drumhead. Finding a cotton pellet more adaptable to the majority of cases, Yearsley employed this, and called medical attention to its value; and although many predecessors had noted the value of such pressure upon the relaxed tissues, he is credited with the wide dissemination of the procedure. Toynbee advanced the view that closure of the tympanum by the membrane was important in restoring its resonance, and put forward a disk of thin rubber as both supplying a vibrating diaphragm and furnishing the needed support to the relaxed structures. A few others have seconded this teaching, and have devised appliances for putting it into practice; and upon this basis has grown up the surprisingly large industry of manufacturing transcedent artificial drumheads.

Study shows that few cases give support to Toynbee's claim; and the use of mere blocks of rubber or similar solid bodies, proves that in most cases any device maintaining a light, unirritating pressure upon the relaxed chain of ossicles will accomplish all that is possible. Generally this works to the "tuning up" of the lax structures, just as the bridge of a violin raised into position under the loose strings can in an instant render them capable of giving or receiving musical vibrations. In some cases, however, the tension is already excessive, and the beneficial effect is gained by pressure about the short process, forcing the malleus handle outward.

To secure such pressure, and to test its potency, no device is so neat and precise as the little paper spring of C. J. Blake, of Boston, who cuts a tiny ribbon of springy paper, notches the ends to give them better hold in the meatus, and holding it as a loop

in the grasp of the forceps, carried it down into contact with the short-process. Its released ends take foothold upon the canal-wall, while the pressure of its covexity can be adjusted to the precise point where its benefit is best secured, whether by increasing or diminishing the tension exercised through the ossicular chain. Such is the principle of the artificial drumhead; while in practice that device which can in the individual case be best adjusted, and remain with the least variation and irritation, is the one to be adopted for that patient. It is best to have several forms at hand, and carefully to try them in turn, keeping the patients listening to a constant sound just within their perception—tapping, ringing or ticking, or a constant murmur of conversation—that they may note the moment of most helpful adjustment. This decided, a patient can often be taught both to make and employ the little devices.

The cases open to benefit are generally those who have lost more or less of the drumhead by suppurative disease, leaving the ossicles poorly supported; but total loss of these accessories does not include the possibility of gain. Politzer has thought that he increased the efficacy in a case where only the stapes foot-plate or the membrane remained in the oval window by affixing a macerated stapes to the rubber disk of Toynbee, so that it should occupy the place of the lost ossicle. Where the suppuration has not wholly ceased, great caution is requisite that we shall not aggravate the flow by the presence of any such foreign body, while hindering its outflow in dangerous fashion. Here the cotton-pellet is generally best; it can be medicated and soaked with any desired solution; and frequent changes can be readily made. The boro-glyceride is commonly excellent for moistening the apparatus, of whatever sort; for few cases do as well with a dry arrangement. Occasionally a non-suppurative case will obtain help more real than imaginary; but these are rarely the long-standing, desparing cases which are most apt to grasp at such straws. Usually such patients only augment their tinnitus, vertigo and deafness by inserting these appliances as advised by friends or by the interested and all-claiming vendors.

One very important point usually ignored, has marked nearly every case in my experience. Whatever gain, great or small, could be obtained by the best possible placing of the little apparatus was soon secured as a permanency without its further employment. Long-continued use of the artificial drumhead I therefore believe to be generally needless, and often detrimental, as in a case the study of which interrupted the writing of these lines, where a small perforation (so reported by good authority) had become an almost total disappearance of the drumhead under its pressure, with binding down of the hammer-handle immovably upon the inner wall.

The view of Toynbee, that restoration of the drumhead as a diaphragm closing off the tympanum has value, receives, in rare cases, brilliant confirmation. Often a perforation improves the hearing, not only for high tones, but for all; and any closure of this, by healing or otherwise, brings loss of hearing. Yet instances of exactly the contrary are met, as in the case of a man in whom a collapsing scar in the stapes-region seemed to "blanket" that ossicle except when it could be lifted by inflammation, and held away by collodion. This failing I excised the cicatrix at his urging, and as this gained nothing, mobilized the stapes. The gain was little, even after repetitions; so, in the interest of healing the opening, I covered it with a little paper patch, as taught by Blake. Immediately his tinnitus ceased, and his hearing was better than at any time for months before; only to sink back whenever the patch loses its place. Although it has wholly failed to promote as usual the closure of the perforation, as have other "myringoplastic" efforts, the patient very highly values his patch, and returns for the replacement as soon as it has in the slightest degree slipped from a position of complete occlusion.

Few other experiences of this sort, and none so notable, leave me still believing that in the great majority of instances the artificial drumhead is valuable only by rea-

son of its pressure; and I can but repeat that a little cotton-pellet, best moistened with a bland aseptic fluid, will meet the needs of the great majority of cases much better than any costly "improvements."

## Parallel Between Tracheotomy and Intubation In Croup.

Gaillard's Medical Journal.

Dr. Sevestes offers an interesting study as to the foregoing. The author also enters into an historical research regarding tubage de la glotte or intubation, referring to the fact also that, when first introduced by Bouchut, in 1858, intubation was violently attacked by Trousseau, the apostle of tracheotomy, who had succeeded, not without trouble, in establishing the latter in the treatment of croup. The two modes of intervention are compared with one another, based particularly upon the examination of cases seen within the last two years in the service pertaining to diphtheria, in the Hopital des Enfants Malades. The paper is not based upon comparative results furnished by statistics, but upon the comparative examination of each operator itself, and of the accidents that may arise in the course of or supervene within the few days following. Tracheotomy constitutes an opperation that is often very difficult, and at the very least one that is extremely rough and futile in unexpected incidents. It may be complicated by hemorrhage, syncope, an attack of asphyxia, or even of complete apnea. The most skillful, the most experienced operator is never absolutely certain of bringing things to a successful issue. For intubation, it is no longer altogether the same thing; assuredly, there is likewise involved a delicate operation, demanding great precision; but if one has been careful to educate the hand by some preparatory exercises, if one proceeds with gentleness and with prudence, there is but very little danger of grave accidents. False passages through the larynx and hemorrhages are extremely rare, and can only result from rough and awkward maneuvers. The acts of vomiting, provoked by the contact of the tube, do not require one to stop. As to attacks of syncope, such may be produced during the introduction of the tube as well as in tracheotomy, but are imputable to the state of the child at the moment of the operation much more than the intubation itself. On the contrary, the increase of the dyspnea during the intubation or in the following moment results generally from obstruction of the tube of a false membrane pushed back or detached, which can be ordinarily avoided by withdrawing the tube at once, the child usually rejecting in paroxysm of coughing the false membrane causing the obstruction. If such be not the case, one would be free to perform tracheotomy, rarely required. Upon the whole, the operation of introducing the tube is more easy to perform than tracheotomy, and is much less exposed to accidents of a serious character or impossible to foresee. However, whatever may be the superiority of intubation in principle over tracheotomy, there is one dark spot that cannot be insisted upon too strongly—that the child should be the object of an altogether special surveillance, in that deglutition may be difficult, and certain measures must be adopted in order to facilitate it, or that the tube may become rejected or found to have become obstructed. After tracheotomy the child may be abandoned to the care af the mother or of a nurse of little intelligence, there being seldom more to do than to clean the internal cannula if it becomes obstructed, the prescriptions relative to alimentation, æration, etc., being easy of execution.

Finally, the author arrives at this general conclusion: Intubation is, without possible dispute, the method of choice in operative intervention of croup; but it should not be practiced unless the patient can remain under the direct and immediate surveillance of a physician accustomed to the operation. Outside of these conditions, it is to tracheotomy that it is necessary to have recourse.

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**Topeka, Kansas, Saturday, Dec. 4, 1897.**

## The Society Proceedings.

The Proceedings of the Kansas Medical Society for '96–'97 are now being mailed. As everyone will see on receiving a copy, the papers and discussions have been omitted. It was an unfortunate necessity, but a necessity nevertheless. With 257 active members and annual dues at $2 per member it seems that the Society should be able to publish its Proceedings in full every year, and in good style. Add to this the amount of $3 initiation fee for each new member, and we should always be well supplied with funds. The expense last year was cut down to the minimum, yet, in spite of this, and after every effort had been made to collect outstanding dues, the treasury could only boast of $200. We had the Proceedings for two years in manuscript, and in such a condition that it could not well be preserved. The Committee on Publication therefore decided to publish the Transactions of the two years in book-form in order to preserve at least this much of the two-years' work. Nearly all papers read at these meetings have been published in some of the medical journals, but we realize that in many cases a much better effect could have been secured by publishing the discussions in connection with the papers, as can only be done in a complete publication of the Proceedings.

Two years in succession the Society published its Proceedings, leaving a large deficit in the treasury. In 1896, after paying the indebtedness, there was but little money left. This condition of affairs is due to the difficulty in collecting dues from members who fail to attend the meeting. The annual dues is but a small amount, and is necessary to the life of the organization. A few years ago, when the Proceedings were published in the JOURNAL, one dollar per member was sufficient, and there was seldom any lack of funds. It was decided by the Society, however, that the Proceedings should be published in book-form for more convenient preservation, and it was found the annual dues of $1 was inadequate to meet the extra expense. It was thought that $2 from each member would be ample for all expenses of the Society, but from the present condition it would seem that still some other change is necessary. Frequent notices have been sent to delinquent members, but the responses do not seem encouraging. If the Society desires to continue the publication of its Proceedings in book-form some very radical means must be adopted for the collection of dues or the regular attendants will have to pay more. The papers and discussions presented at our annual meetings are certainly worthy of publication, and are a credit to the Society and its members. We hope that at the next meeting some action will be taken providing for the publication of the proceedings in full.

## Nutrition.

By William F. Barclay, A.M. M.D., of Pittsburg, Pa., in the Maryland Medical Journal.

"Variety is the spice of life" in all things, especially in the selection of food to be eaten by man. It is essential to health to have as great a variety as possible. Nothing demonstrates this truth more forcibly than the sameness in the food provided in boarding houses, restaurants and hotels, and the deleterious effects upon health. No one obliged to subsist upon food provided in boarding houses, restaurants or hotels has failed to discover the disasterous effects of these institutions upon health. It is a usual observation of persons engaged in this business that sameness of food lessens the appetite, and thereby the quantity of food consumed, and consequently the expense in providing food. Some hospitals starve all patients, and thereby increase the mortality of those persons obliged to seek the care of these institutions when sick. I have given careful study of the quantity, quality and preparation of food provided in hospitals, am satisfied that it is neither fit to be eaten by the well or sick. This statement is verified by all persons who have been so unfortunate as to have to exist on hospital fare. All schools so far as the provision of healthful food for students are reprehensible, and the number of the young that are injured in health and normal development of the body is an alarming consideration in physical economy. It is true that most young persons who are obliged to live on school fare for any considerable length of time are permanently injured in health, and in many instances the foundation of diseases laid that eventually destroy life. No school can be honestly recommended that obliges its students to live within the institution, and upon the fare therein provided. Study and mental application are not derogatory to health, but, on the contrary, mental training is beneficial to physical development when it is carried on under proper sanitary care and healthful nutrition of the body.

There is frequent reference in personal histories to the advantages of being born and reared in the country, but after all the healthful, substantial and well-prepared food, with restful sleep, had more to do with health and development of the body and mind than we suspect. The organic development of the body is modified by degeneration in progenitors, and the care and nutrition provided for the sustenance of life. Environment is an important consideration in a study of man in his geographical distribution upon the earth, and the survival of the fittest. "Knowledge is power," in whatever sphere it is applied, especially in vital economy. Science has done much to palliate and cure the ills that afflict mankind, but good cooks in the kitchens have done more to prevent them. It is readily within the recollection of each one of us in recalling the good mothers who studied to please the palates of their children, and at the same time avoided that which was deleterious to health. Sickness in the good country homes, in which many of us were reared, was almost unknown. The doctor's bills were rare and easily paid. An occasional aching tooth had to be extracted, and vaccination a much dreaded surgical operation. Good digestion, which can only come from proper food properly prepared and eaten, is the real foundation of good health, based on good nutrition which builds all the tissues of the body, and thereby establishes perfection in bodily organic development. It is of vital importance that the mother should nourish her infant from her own breasts, if possible, otherwise cows' milk from selected cows properly cared and fed for, is second best food for infants, yet it lacks some subtle element that enables the infant to weather the storm of infant life. Vegetables that are properly grown and prepared for food, also fruits, are delicious, and at all seasons are nutritious and healthful. Perfection in vegetable growth is an assurance of such food being wholesome and nutritious. Many vegetables are condemned, which if properly cooked are enjoyable and excellent food. In the warm season vegetables and fruit should be selected as a diet, and when properly prepared and combined are the essence of good living.

The Germans are more intelligent in the selection of vegetable diet than the people of other nationalities, and the good health which these people enjoy is a substantial evidence of the healthfulness of this mode of living. Nourish the sick, and the success that merits favorable nutrition will crown the efforts that tend to rational nutrition of the body. The usual liquid dietary is of all procedures in the treatment and management of the sick most irrational. I believe more typhoid fever patients die from bad food supplied to them and pernicious nutrition than die of the disease. For over twenty-five years, in a large general practice, I have abandoned the liquid diet course of nourishment in typhoid fever, and give all patients a carefully selected solid food diet. As a result the mortality reports show a death rate in my practice of less than one per centum. Perhaps no statement could be more at variance with medical routine dietary directions in the care and treatment of typhoid fever. I believe that the large mortality in typhoid fever is caused largely by malnutrition, superinduced by enforced liquid diet in a mistaken conception of the use of solid food, and the danger of bowel perforation. That extreme prostration is the immediate cause of most deaths from typhoid fever is established by post-mortem examinations. Through the kindness of a hospital physician I learn that in eighty-three post-mortem examinations made, not a single cause of death was recorded from rupture of the bowel, although the immediate cause of the death, post-mortem, had been so assigned in the greater part of the death reports. The real, immediate cause of death in most instances was from so called heart failure (insufficient muscular action of the heart to keep up the circulation of the blood.)

Sameness of food impairs digestion, and thereby causes malnutrition of the body in health and disease. An animal diet is a source of danger and disease from many apparent causes. Meat is wholesome and nutritious food only as it is obtained from healthy animals, and properly slaughtered, the flesh carefully cared for and seasoned. The same statement can be truthfully made as to the use of fowl and fish as food. Milk is nutritious, as it is pure and agrees with the digestive powers of the body. No single article of food and its products contain so much filth, and is so liable to contain the germs of disease. A volume could not contain all that can be truthfully written against the use of milk and its products as is generally produced and sold for general consumption as food.

Pure milk fit for human use sold in the city of Pittsburg does not exceed five per cent. of the quantity consumed. It is estimated that two million, five hundred thousand dollars are annually paid by the people of Pittsburg for milk, and the greater part of this is unfit for human food. Butter fit to be eaten is difficult to obtain in our markets; in fact, about the same per cent. as of milk is unfit for food. The Swiss and Hollanders alone are intelligent in the production of milk and its products fit for human consumption. A study of a large number of herds of cattle as to their physical condition, care and health, the methods used in drawing the milk, and its care and preparation for market will satisfy anyone of the truthfulness of the statement made. Bread that is generally sold by bakers, as a rule, is unfit to be eaten, and is a cause of disease. Time will not permit a general consideration of the subject of food supply and its sale for human use as food, or the correction of the evils in our modes of living, which must come from the education and intelligence of the people.

Pure food laws enforced under political appointments are a farce and public expense. Pure food laws enforced by sanitary comissionars can alone protect the people from the impositions practiced upon them by the sale of impure and injurious food. The production of food, its care and preparation, and the method of taking food into the body for its nutrition and sustenance, is the greatest of all vital problems. Correct methods adopted in the art of living insure health and strength, and an absence of discomfort and disease. The introduction of cooking schools in our educational system is

an advance in our social and educational systems. Intelligence and observation in our American institutions as to our modes of living will enhance our comfort in life, as well as the intelligence and nobility of our people. The educational and intellectual condition of our people must largely rest upon sound physical organization and perfect health.

A careful study of the ancient Greek people indicates that the physical, mental and intellectual perfection of her people was attained by a careful study of natural science and its application in all things that pertained to the perfection that characterized them as a typical race. Parental preconceptions were instituted in the production of the race, and the maternal, mental and physical conditions adopted that were conducive in the production of the best mental and physical organization. The mother nourished her child after its birth from her own breasts. The Greeks were vegetarians for the most part in their diet, and consumed much wine in their feasts, which does not seem to have been disadvantageous to their health and strength. Degeneration in our people is painfully evident in our observations based upon the highest and best types of mental and physical organization. It is evident that methods in living have an important part in the results that mar anthropological studies. Studies in physical life demonstrate that proper care and protection, with suitable food supply, has an important effect upon the maturity and perfection of the best results in mental and physical organization. That the food consumed has an injurious or beneficial influence upon the organization and development of the body, as well as its healthy or diseased condition, is attested by all observers who have had opportunity to study the conditions of man under varied climatic, educational and social influences.

Vital laws must be observed and obeyed by all in a temperate use of the means provided for the sustenance of life. Food has an important influence upon man's nature, and determines his place in physical mental and social existence. The man who lives like a brute thinks and acts like a brute. That the disease conditions of the different functions that enter into the nutritive system are caused by the quality, quantity and as well as the manner of taking food, is evident. The modern hurry in taking food sufficient to sustain life at irregular hours is one of the most serious hindrances to health and comfort. It is a question of moment as to the good or bad effects of taking stimulants with meals, and careful observation of those nations that consume large quantities of wine and malt liquors with their meals indicate that their use when pure, taken in moderation, are not injurious, neither tend to drunkenness.

The poor and those in moderate circumstances, as a rule, enjoy the best health, which is a result of being obliged to live on a plain, substantial food. "Give me neither poverty nor riches, but feed me with food convenient for me." The diseases that impair nutrition of the body are many, and largely preventable by the selection, preparation and manner employed in taking food. Discussion and treatment of the diseases that impair nutrition of the body, properly considered, are not pertinent in the consideration of nutrition. In the study of normal nutrition only food supply, and the methods adopted in its preparation, and the manner employed in its consumption should be considered.

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## Splenectomy.

Boston Medical and Surgical Journal.

Jonnesco, of Bucharest, made at the Twelfth International Medical Congress a contribution of great importance to surgery upon this subject.

During recent years the literature of splenic surgery has been small, as our knowledge of the subject has been passing through the experimental stage. Enough cases of splenectomy, however, had by the time Jonnesco began his work in 1896, been accumulated in surgical literature to show that splenectomy for the hypertrophied leukemic spleen was uniformly fatal; while the hyper-

trophied spleen of malaria, and the wandering spleen had been removed with comparatively frequent success.

Jonnesco had noticed the steady improvement in the statistics of splenectomy for the hypertrophied spleen of malaria. He collected thirty-six cases, with a mortality of eighteen, or 50 per cent., but found on examination by dates that, from 1887 to 1896, there had been twenty-five cases, with eight deaths, or 31.7 per cent.; and that from 1891 to 1896 there were fifteen cases, with three deaths—a fall in mortality to 15.4 per cent. This fall in mortality is due undoubtedly to two causes: improvement in technique, including asepsis; and a more intelligent choice of cases for operation. Among the contra-indications established by the experience of previous operators have been:

1. Profound cachexia.
2. Extensive adhesions.
3. Great size of the organ.
4. Leucocythemia.

With all these contra-indications Jonnesco's experience leads him to agree, except that of the size of the spleen. Pean, Vulpius and Adelmann have considered that splenectomy, in order to be successful, should be limited to spleens of a weight of less than three kilograms. Jonnesco's experience does not lead him to agree with these authors, for in four out of twelve operations he removed spleens weighing over three kilogrames, the largest weighing 5.750, with success.

The indication for operation Jonnesco considers to be, the failure of medical treatment to relieve the pain; disability and beginning cachexia; and his experience has shown that these symptoms, as well as the general health, rapidly improves after splenectomy. He considers the undue prolongation of medical treatment both useless and dangerous; for as long as the patient is the subject of splenic hypertrophy, cachexia progresses, and the prognosis of the operation becomes worse.

The prognosis will vary according to whether the operator is dealing with an adherent, fixed, mobile or dislocated spleen.

With regard to the effect of splenectomy upon the blood and system, Jonnesco has had the same result as previous observers, finding that a great increase in the number of red blood corpuscles resulted, sometimes beginning immediately after the operation, sometimes after a short period of diminution. The white corpuscles also increase, aud with relatively greater rapidity than the red ones; so that during a certain period of varying length there is a temporary leucocytosis.

These conclusions of Jonnesco's are certainly given additional weight by the extent of his experience, for between February 3, 1896, and August, 1897, he had performed splenectomy twelve times—eleven times for malarial hypertrophy, and once for hydatid cyst. His mortality was three, or 25 per cent.; and at the time of his writing one of his patients had not yet left the hospital. The three deaths occurred in extremely unfavorable cases. In all of them the spleen was very large, and universally adherent. In freeing the spleen in one case the pleura was opened in two places, and in another the diaphragm was torn so that it had to be sutured.

With regard to operative technique, Jonnesco lays stress upon the operator's standing to the patient's right, the median incision, complete exposure of the vault of the diaphragm, the rupture of adhesions at the expense of the abdominal walls, in order to avoid traction on, and rupture of the spleen, the section of adhesions between the two ligatures, the section of each vessel of the pedicle between two ligatures. Wounding the splenic capsule should be avoided, and complete hemostasis secured before closure of the abdomen. Strong compression with an elastic bandage should be employed.

A temporary rise of temperature, which frequently follows splenectomy, may be due to a recrudescence of malarial poisoning, or to a bronchitis, which frequently ensues. No mention is made of the anesthetic employed.

Jonnesco concludes his paper as follows: "The comparatively slight danger of splenectomy, its excellent results in malarial hypertrophy, the disappearance of the symptoms of cachexia after the operation, led me

to propose extirpation of the spleen even in cases where the spleen is comparatively small, and the local symptoms not severe, as preventive treatment against malarial cachexia. I am led to this conclusion by Laveran's discovery that the spleen is the source from which the hematozoa of malaria are distributed to the body in the blood stream. Each discharge of hematozoa coincides with the rise of temperature, and hypertroxicity of the urine."

Jonnesco's paper is a contribution of distinct value to surgical science, although the advanced position taken by him with regard to the removal of slightly hypertrophied spleens as a preventive of malarial cachexia will probably be regarded as somewhat too radical for immediate adoption by the profession.

## The Treatment of Ozena.

Traitement de l'Ozene. Bordeaux and Paris.

Moure compares the relative value of the different methods of treatment of ozena. Although none can give such good results as were obtained by their inventors (Cheval claimed to have cured 91 per cent. by "interstial electrolysis"), he protests against the attitude of those who, believing the disease to be incurable, do nothing for it; for though all cases cannot be cured, all can be greatly improved by treatment.

The author first rids the nasal cavities of the dry crusts by rubbing the mucosa with cotton wool soaked in phenolized glycerine, and fixed on a holder. Afterwards he puts it to the patient whether he is willing to undergo a strict and long course with a view to eventual cure, or whether he wished simply to get rid of the crusts and smell. In the latter case he prescribes nasal and retronasal douches of one or two litres of saline, bicarbonate or boracic solutions morning and evening, to be followed by a spray of mentholized oil. If larger quantities of lotion are required, the first douche should be made with one of the above solutions, the last with half a litre of one containing a soluble antiseptic such as carbolic acid, one in twenty with glycerine and water. This suffices to do away rapidly with the smell.

In the former case he prescribes nasal and retronasal douches of saline solution to be used by the patient. He himself "massages" the mucosa with a plug of cotton wool on a holder soaked in one in fifteen or one in ten phenolized or iodized glycerine every other day for a fortnight, then twice a week, and then from time to time according to the progress of the case. This massage is always followed by a douche to remove the secretions; the mucosa is then sprayed with a five to twenty-five per cent. silver nitrate solution, and finally an alkaline douche is given to remove the excess of nitrate. This often produces a slight acute coryza and headache which usually soon pass off.

After a month or two of this treatment, it is possible to discover where the purulent secretion arises, and it is usually found in obstinate cases that the mucosa alone is not at fault, but that frequently one or other of the accessory cavities is involved. Treatment must then be directed specially to this sinus. The frontal or maxillary sinus, especially the latter, can be treated directly, and then a permanent cure can be effected. With the ethmoidal or sphenoidal the most careful treatment, mopping out the cavities, or even cauterisation and curetting, may fail to cure. Such patients must undergo a regular course, lasting three or four weeks, two or three times a year. General constitutional treatment must not be neglected.

## Treatment of Inguinal Hernia by Injection.

By Theo. Griffin, M.D., in International Journal of Surgery.

Since the publication of my article on the treatment of inguinal hernia by injection, in the August number of the *International Journal of Surgery*, I have received many letters from physicians from all parts of the country, inquiring as to my method and asking for details. I desire to give those interested the information they wish, and will proceed to detail briefly my way of

proceeding, which differs materially from the operation described by Dr. Wyeth in his work on surgery.

I prepare my patient by first seeing that he has a truss that retains the gut perfectly. It must not be allowed to rest within the inguinal canal, but must be held out of it by the pad of a truss that fits firmly over the internal abdominal ring. Having ascertained that this is well done, after two or three days' observation, we are now ready to proceed with the injection. I desire to state here that, in a majority of cases, during the treatment the patient can remove the truss at night, taking it off and putting it on while in a reclining posture, but under no circumstances must the gut be allowed to come down.

The patient now lies down upon the table, and we scrub the parts thoroughly with warm water and soap, dry well, and finally bathe with a 2-per-cent. solution of bichloride of mercury, cutting the hair short over the seat of the proposed puncture. I now inject hypodermically a 5-per-cent. solution eucaine, about one-half inch to the inside and a little below the external abdominal ring. Wait now two or three minutes for the local action of the anesthetic, during which time a syringe is charged with 10 to 15 minims of the injection fluid mentioned in my previous article, or the following which I sometimes use:

℞ Fld. ext. quercus alb . . . 3 iv
Tinct. cantharides . . . . . 3 i
Acid carbolic . . . . . m. x
M. Sig.—Inject 10 to 15 minims as directed.

This syringe is furnished with a hollow silver probe, known as a cocaine applicator, which can be obtained of any instrument seller, and can be screwed on the syringe in the place of the hypodermic needle. Have this in readiness for the purpose of placing the fluid into and along the inguinal canal. I now take a small trocar and canula—I use one which I found in a veterinary hypodermic case—and plunge it into the tissue at the point where the local anesthetic was injected; direct the point of the trocar towards the external abdominal ring, pushing it up to the ring if possible. Now withdraw the trocar and invaginate the index finger in the loose folds of the scrotum, and push it up to and into the external abdominal ring. As the finger reaches the ring it will come in contact with the canula, which has been left in the tissues. With the free hand guide the point of the canula into the ring, aided by the invaginated finger. As soon as the point of the canula is engaged in the ring, depress the free extremity, bringing the canula almost parallel with Poupart's ligament, and force the canula gently into the inguinal canal. It should be passed the full length of the canal, if possible. This being done I take up the syringe with the silver probe attachment, containing the injection fluid, and pass the probe point through the canula to the internal abdominal ring. The point should project a little beyond the end of the canula, so that none of the injected fluid will run back through the canula. Having done this, slowly inject the fluid, at the same time kneading the tissue over the canal with the fingers, gradually withdrawing the canula and syringe point.

In this manner we surely get the fluid where we want it. It is, however, sometimes difficult for me to get into the inguinal canal, but perseverance usually results in success. The external ring is rendered more open and is more accessible by having the leg flexed upon the thigh. There is usually some swelling, but little pain or inconvenience results; so far I have had no abscess or suppuration of any kind. I have been recently informed that two of the cases reported by me have relapsed—case No. 4 with an omental hernia, and case No. 5, which at the time of my report I had just discharged from my treatment. Since then I have treated two other cases, the ultimate result of which it is too early to ascertain. The chief difficulty in the way of successful treatment is to get the injection properly into the inguinal canal. If this is well done the chances are good for a cure. The unsuccessful results are, no doubt, in a majority of cases due to the failure of the operator to do his work prop-

erly. Each patient should have at least three or four injections; this is an arbitrary rule, as there is nothing to guide you as to the exact number required.

I have now given the detalls of my method of procedure, and I think it is an improvement upon Heaton's operation, as described by Dr. Wyeth in his surgery. I trust some who have written me will try my procedure, and I feel satisfied that if they are careful and do it properly a fair percentage of success will be attained.

## For Anointing the Fingers.

Talley in the Record.

Soft soap is preferable to vaseline for anointing the fingers before making vaginal examination, and for lubricating the vaginal speculum. It is prepared by dissolving castile soap shavings in warm water. If the vessel containing the soft soap be surrounded by hot water for a few minutes before it is used, the contents will be of thin consistence, resembling olive oil. The advantages of using this emmolient are that it helps to clean the vaginial mucous membrane, and readily washes off when it is desired to medicate.

## The Lawyers Also.

The Chicago Clinic.

No better evidence of the general professional progress in American life could be desired than is found in the recent decision of the Illinois Supreme Court, wherein they decreed that hereafter all applicants for admission to the bar must have pursued a three years' course of study. We congratulate the legal profession, the law schools, law students and the public altogether.

True enough, their professional interests may not be as vital to the general weal as are the physicians, but since they are, should be, and desire to be, classed as one of the learned professions, and more particularly since the educational requirements, both technical and general, of theology and medicine, have been so markedly advanced during the past ten years, it is quite to be expected and, indeed, incumbent upon the legal profession at large that some such measures should be taken.

Doubtless a few years will demonstrate the wisdom of this action, and in doing so prove as well the necessity of still greater measures along the same line.

That these measures are wise, the experience of medicine has abundantly proven in the past few years. Not alone by the fact that many good farmers and tradesmen were saved to their legitimate and proper spheres and the profession saved the record of just so many more or less dismal failures, but the people are realizing that to-day they can go, to even a newly graduated physician, with at least a reasonable degree of confidence, because he must of necessity had some training in a four years' course in medicine. Age is not now the barrier to success it formerly was, and certainly for no reason so much as the fact referred to.

A few years ago the question was, "Did you take a hospital course?" To-day the form of that question is, "Where did you take your hospital training?"

We heartily congratulate the legal fraternity on this step in advance, and hope they will soon have accumulated self-confidence sufficient to take yet another step like unto the first.

## Are We All Fools?

Journal of Practical Medicine.

The man who will invent some kind of a process, or a serum, that will actually destroy the notion that "There is always room at the top," should receive a pension of fifty thousand dollars a year for the next fifty thousand years! Twenty-five thousand students in our medical colleges last year! Think of it. Nothing in the world to make such a vast army, only because each thinks himself able to get where there is always room. There are hundreds of men who would be recognized as skillful as Senn in the use of the knife—if they had the oppor-

tunity. Do not think, not even for one little minute, that Dr. Polk, of New York, takes in one hundred thousand dollars a year because he is just five times as talented as the man who takes in twenty thousand. If these twenty-five thousand medical students thought they would have to fight their way along, struggle through immense difficulties, that many of them would surely fall by the way, and that this "room at the top" business is poetical fancy; we say, if this were better understood there would be the greatest outpouring from college halls that the world has ever seen. But fortunately for these schools, "ignorance is bliss," sure enough.

## Non-Graduates in Illinois.

Medical Standard.

The Illinois State Board of Health, at the quarterly session held in Chicago on October 5th, adopted the following resolution with respect to the examination of non-graduates applying for certificates to practice medicine:

"*Resolved*, That after May 1, 1898, all non-graduate applicants for license to practice medicine and surgery, who are examined in accordance with the provisions of the medical-practice act, in addition to the requirements already exacted must present, as evidence of a satisfactory preliminary education, either—

"1. A diploma or certificate of graduation from a high school.

"2. A certificate of having passed the matriculation examination to a recognized literary or scientific college.

"3. A certificate of successful examination by the faculty of any reputable university or college of arts or science (not members of a medical college faculty), by the state superintendent of public instruction of Illinois or by the principal of a high school in Illinois, in the following branches: English grammar, arithmetic, elementary physics, United States history, geography and Latin (equivalent to one year in high school).

"Each candidate will also be required to present a certificate from a medical college in good standing with this board, attesting that the applicant has—

"1. Pursued the study of practical anatomy in said college for at least one term, and has made dissections of the entire cadaver.

"2. Taken at least one full course in operative surgery and practical obstetrics.

"3. Personally attended six or more cases of labor.

"Bacteriology has been added to the subjects of the non-graduate examination."

Recently the Illinois medical colleges have announced requirements regarding a preliminary education as a condition for admission, and the state board of health is justified, in the spirit of the law governing its actions, in advancing its requirements to accord with the prevailing standard established by the colleges.

In adding bacteriology to the subjects of the non-graduate examination, the board properly recognizes a department of medical science now imperative in medical knowledge.

## Neuralgias in Rheumatic Persons.

Dietetic and Hygienic Gazette.

Thorough investigations of neuralgia cases have led some authors to the view that the painful paroxysms are sometimes —and not infrequently—one of the manifestations of the rheumatic diathesis. In other words, the rheumatic virus, instead of acting upon the joints or serous membranes, affects chiefly the nervous system. This view has much to commend it. A study of the family histories of neuralgic patients in many instances that the parents or other blood relatives have been sufferers from gout or rheumatism. The rheumatic origin of some neuralgias is still further corroborated by the results of treatment—the drugs curative in the one are curative in the other. Thus it has been found that Salophen, which acts so efficiently in rheumatism, is also one of our best anti-neuralgics. Cases

of sciatica, trifacial and intercostal neuralgia, which have resisted the action of other drugs, have yielded promptly to Salophen. Moreover, it is pleasant to take, free from all toxic effect, will not damage the digestion, or induce habituation. For some cases of neuralgia it is certainly the most efficient, safe and pleasant remedy.

## Jay Gould's Costly Eggs.

From the Washington Post.

The amazing account filed by one D. C. H. Hughes against the estate of Joseph B. McCullagh, late managing editor of the St. Louis Globe-Democrat, amounting to more than $6,000 for professional services and guidance, reminds me of a story told by Jay Gould, which went the rounds out West several years ago.

While on one of his periodical tours of inspection of his Texas railroads, Mr. Gould and his small party fell short of supplies, and were compelled by hunger to stop off for a meal at one of the mushroom towns on the line. The small board hotel was an unpromising place; meals were twenty-five cents, the entire bill of fare being coffee, bacon and hot biscuits. The great railroad magnate's weak stomach recoiled, and he asked the landlord if he couldn't hustle up a dozen eggs. The reply was favorable; the eggs were produced, and eagerly devoured, the party being pretty well satisfied with their dinner.

Mr. Gould handed out two silver dollars for their entertainment, about double the "house's" regular rates, to make the landlord whole for his extra trouble about the eggs. Whereupon without a blush, the Texan announced that his bill was $50. Gould was staggered by the cool effrontery of the ruffian, but he recovered, and mildly expostulated against the exorbitant charge. But nothing would shake the obdurate landlord; he insisted that the charge was reasonable and a justifiable one. Mr. Gould casually remarked, during the progress of the dispute, that eggs were high out there; that they must be pretty scarce. "No," promptly replied the landlord, "eggs are plenty round about hyar, and cheap enough, for that matter, but men who are able to pay $50 a dozen for eggs are pretty damn scarce!"

Rather than have any "trouble," being perfectly solvent, Mr. Gould paid the bill and departed. He probably boycotted that town thereafter. At any rate it is fair to presume that henceforth while traveling in Texas he priced his eggs before ordering.

## Tendon Anastomosis.

Medical News.

In a paper read before the last meeting of the American Surgical Association, Dr. E. H. Bradford, of Boston, referred to the good results which have followed the transference of one of the perieni muscles from one side of the limb, and attaching it to a paralyzed muscle on the opposite side, to correct a deformity of the foot resulting from such paralysis. He also referred to the union of the anterior tibial and extensor longus pollicis muscles, to shortening the tensor tendons of the foot, and also of the Achilles tendon, as well as transplantation of the satorious tendon. In cases of spastic paralysis, he advocates lengthening of tendons and muscular fasciæ in the poplietal space, in the groin, in the forearm and in the hand. He stated that before transplanting a muscle one should prove by electricity that the muscle itself is alive and healthy, and strong enough to do the work.

## Treatment of Anosmia.

These de Paris.

Bibard has recently taken up the study of this subject. Among the causes of anosmia he refers to blows on the head, which are much more frequent than is generally supposed as a cause of loss of the sense of smell. They may or may not be accompanied by fracture, for, according to the author's observations, a severe blow on the back of the head, as from a fall, is quite

capable of causing laceration of the Schneiderian membrane or tearing of the olfactory nerves in their passage through the lamina cribosa of the ethmoid. In cases of essential anosmia without nasal lesion the author has found the following treatment produce good results: Nasal irrigation every morning, with warm water by means of Weber's siphon; to snuff three times the following powder: Sulphate of quinine, 10 cg.; subnitrate of bismuth, 10 g.; thirdly, electricity. In cases of hysterical anosmia the last is the most effective, and is employed in the form of faradization to the root of the nose, and this must be employed so as to produce actual pain.

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## A Happy Thought.

September 25, 1897.

MESSRS. JOHN CARLE & SONS, *New York City*—DEAR SIRS: I have recently used the Imperial Granum with very gratifying results, being called in consultation when death seemed imminent, to see *a child that could retain nothing whatever on its stomach.* I remembered my samples of Imperial Granum and ordered it tried at once, and it *was retained.* The child has not vomited since, the bowels are quiet, and the patient on the road to recovery. I have also recently used the Imperial Granum in a case of typhoid fever with equally satisfactory results.

Yours very truly.

——— ———, M.D.

Physicians can obtain samples of this valuable prepared food free, charges prepaid, on application to John Carle & Sons, 153 Water Street, New York City.

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## Notes.

In the near future the courts of Cook county will be called upon to decide a case which, in all probability, will prove one of the most interesting, from a legal and medical point of view, ever presented. James Carey, who claims to be severely defaced and crippled as the result of the use of the *x*-rays, threatens to bring suit against the physician who had charge of the experiment in the county hospital.

Arrangements for controlling diphtheria in Chicago during the coming winter have been completed by Commissioner of Health Reynolds. The department will have a staff of nine physicians, constantly on duty, to administer anti-toxin, under the direction of Dr. William K. Jaques, chief diphtheria expert.

In the course of an interesting discussion which followed the reading of a paper on color-blindness the other day, a most curious statement was announced—to the effect that, after long research, not a single case of woman suffering from this defect could be discovered.

Dr. Laporte, who is known to many American tourists as having spent ten years of his professional career on board the French line of trans-Atlantics as ship's surgeon, has been arrested for performing a surgical operation upon a lady with instruments that had not been properly disinfected. It is true that the patient has been ill of blood-poisoning, but, until his arrest, few people, even in the medical profession, were aware of the existence of any law exacting the disinfection of a surgeon's instruments before he used them. The offense is a technical one, and is punishable by two years' imprisonment.

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DOCTOR:—Your library is not complete without the *Hypnotic Magazine.* Cost of this handsome monthly, including premium book on "Suggestive Therapeutics" is only one dollar ($1.00) a year. THE PSYCHIC PUBLISHING CO., 56 Fifth avenue, Chicago.

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DR. SANARELLI expects soon to visit Italy, where he will deliver one or more lectures on yellow fever and the Bacillus icteroides.